

BOE-571-R (S1F) REV. 8 (8-05)
**APARTMENT HOUSE PROPERTY
STATEMENT FOR 2006**

(Declaration of costs and other related
property information as of 12:01 A.M.,
January 1, 2006)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

FILE RETURN BY APRIL 1, 2006.

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and
mailing address.)

Office of Tom J. Bordonaro, Jr.
San Luis Obispo County Assessor
1055 Monterey Street, Suite D360
San Luis Obispo, California 93408
(805)781-5643 Fax # (805) 781-5641
Web Site www.slocoassr.net

2006

LOCATION OF THE PROPERTY (street, city)
(file a separate statement for each location)

2. Enter the total number of units for the location listed.

Do you live in one of the units?

☐ Yes ☐ No

If **yes**, enter the unit number _____

3. During the period of January 1, 2005 through
December 31, 2005:

(a) Did you own this real property?

☐ Yes ☐ No

(b) Has all or part of this real property been subject
to a change in ownership?

☐ Yes ☐ No

(c) If you leased this real property, has it been the
subject of a lease agreement for a period of
35 years or more (including options)?

☐ Yes ☐ No

(d) Did you acquire "control" of a legal entity which
owns real property in this county?

☐ Yes ☐ No

(e) Did another person or entity acquire "control" of
this corporation or entity? (see instructions)

☐ Yes ☐ No

Local Telephone Number () Fax Number ()

E-Mail Address (optional)

Enter location of general ledger and all related accounting records (include zip code):

STREET			
	CITY	STATE	ZIP

Enter name and telephone number of authorized person to contact at location of accounting records:

()

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:

Name _____

Mailing Address _____

City and State _____ Zip code _____

4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? ☐ Yes ☐ No If **yes**, list below.

NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	NATURE OF THE BUSINESS OR PROPERTY	ASSESSOR'S USE ONLY

5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?

☐ Yes ☐ No If **yes**, list below.

NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	QUANTITY AND DESCRIPTION	ASSESSOR'S USE ONLY

6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A on the back. **Do not** include, either here or in Schedule A, any unit in which you live.

	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER	ASSESSOR'S USE ONLY
FULLY FURNISHED							
PARTLY FURNISHED							
UNFURNISHED							
TOTALS							

7. Supplies

Cost \$

8. Furniture and appliances

Enter From Schedule A

\$

9. Other furniture and equipment

Enter From Schedule B

\$

10.

	TOTAL FULL VALUE	ASSESSOR'S USE ONLY
	PERSONAL PROPERTY	
	FIXTURES	
	OTHER IMPROVEMENTS	
	LAND	

THIS STATEMENT SUBJECT TO AUDIT

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedule A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items.** Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.


SCHEDULE A FURNITURE AND APPLIANCES <i>(include items in storage; do not include built-ins)</i>				SCHEDULE B OTHER FURNITURE AND EQUIPMENT <i>(office, lobby, laundry, pool, vending, signs, fire extinguishers)</i>			
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY		Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY	
		Factor	Value			Factor	Value
2005				2005			
2004				2004			
2003				2003			
2002				2002			
2001				2001			
2000				2000			
1999				1999			
1998				1998			
1997				1997			
1996				1996			
1995 & prior				1995 & prior			
TOTAL COST \$ _____ Enter on line 8, page 1.				TOTAL COST \$ _____ Enter on line 9, page 1.			

REMARKS:

DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2006.

OWNERSHIP TYPE (✓) Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/>	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* 		DATE
	NAME OF ASSESSEE OR AUTHORIZED AGENT* <i>(typed or printed)</i>		TITLE
	NAME OF LEGAL ENTITY (other than DBA) <i>(typed or printed)</i>		FEDERAL EMPLOYER ID NUMBER
	PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i>	TELEPHONE NUMBER ()	TITLE

*Agent: See back for Declaration by Assessee instructions.

INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original form BOE-571-R.

LINE 3. A property transfer includes all transfers of property through grant, gift, devise, inheritance, trust, contract of sale, addition or deletion of an owner, or any other means. A property transfer also includes the creation, sublease, or assignment of a leasehold interest in real property for a term of 35 years or more including options. A transfer also occurs when more than 50 percent of a corporation's voting stock, or more than 50 percent of the ownership interest of a partnership or other legal entity, is acquired, in a single transaction or cumulatively, by another person or legal entity. Not all property transfers are considered changes in ownership requiring reappraisal. The information is solicited herein for discovery purposes only.

LINE 4. Check the appropriate box. If **yes** is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.

LINE 5. Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.

LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm.* contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.

LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.

LINES 8 and 9. Enter the total cost from Schedules A and B.

SCHEDULE A. Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.

SCHEDULE B. Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

DECLARATION BY ASSESSEE

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company (LLC)**, the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

<p>THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.</p>
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